

Progress Report Form Directions

This report is intended to serve as a comprehensive team report to be completed by all members of the child's team. The treatment orders and services reflected in the Report should be as listed on the IFSP. The correlating diagnosis should also be listed.

The progress reports are due to the SPOE/Service Coordinator at the beginning of the month, following the Authorization/Progress Report schedule (attachment A). Once the form is complete, you must save the document and name the file for easy retrieval, for example "Jane Smith 3Q". You should send it to your local SPOE office following their specific procedures for submitting progress reports. Because SPOE procedures vary, if you need clarification of who/where to email the report, you should contact your Service Coordinator. If you are added to the plan later, you are still responsible for adhering to the same timelines as the other team members for progress reports. For instance, if your specialty is added at the 6 month review, your first progress report will be due at the 9 month date. You should mark this as the 9 month report like other team members.

Report header: The report header contains the child name, DOB and First Steps number. You only need to double click the area and enter the correct information. This information will then appear at the top of each page.

Child Information:

Adjusted Age-- Only adjust if greater than 4 weeks premature and less than 2 years of age.

Diagnoses and ICD9 Codes-- You must include the diagnoses most appropriate for the services you are providing and the corresponding ICD9 codes. These include the diagnoses found in the Physician Health Summary, page 2 of the IFSP and any additional diagnoses you have received from the physician and those other diagnoses/conditions/symptoms that you may report under your license and practice act.

Onset Date-- For the diagnosis/condition you are treating.

Precautions/Contraindications-- Include any special measures/modifications taken because of child's condition.

IFSP Date-- Current IFSP date for this report. IFSPs are re-written annually and this date must be updated.

Date of First Treatment-- This is the date first seen for the current IFSP.

Attendance this period-- number of treatment sessions for the period of this report only.

PCP and contact info-- Child's primary care physician. Should be the same physician who signs the IFSP.

Report Date: This should be the date you complete the form. Please mark which report period you are commenting on for the child and enter your discipline.

Team Information:

Family Information-- Please list the information in the fields. For kids with multiple household addresses, please list the primary parent.

Provider Information-- Please list all team members, with yourself first. Be sure to include the physician.

Services: Include the specific authorization for your service, including discipline, frequency and duration.

IFSP Goals/Outcome Review:

Functional Status-- Describe the child's current functional status, with specific information as it applies to the services you provide (i.e. PT focus on gross motor, SLP on oral motor status).

Discharge Goal-- What needs to occur for this child to no longer need your services.

Long Term Goals (IFSP Outcomes)-- IFSP Goals for the services you are providing.

Short Term Goals-- These are your therapy goals for the authorization period. Include date set, baseline, expected resolution, current level and the status of the STG (achieved, partially met, etc.).

Notes: Include any other pertinent information about the child and family as it relates to services received and progress made for the reporting period.

Signature: You may use an electronic signature that includes your title and date of the report. Keep a copy of the original signed report.

MD Certification: This is optional since the physician has signed the certification on the IFSP and/or change page.

Attachment A-- Authorization and Report Schedule

When writing the initial IFSP, the provider authorization start date is 10 days after the first date of the IFSP. All initial IFSP authorizations will end on the last day of the 3rd month. Subsequent authorizations will end on the last day of the month, as noted above. **Providers must also provide a discharge report when the child is discharged from services or leaves the First Steps System.**

Initial IFSP meeting month:	3 month auth ends	6 month auth ends	9 month auth ends	12 month auth ends
Jan.	4/30/--	7/31/--	10/31/--	Last day of IFSP
Feb.	5/31/--	8/31/--	11/30/--	Last day of IFSP
Mar.	6/30/--	9/30/--	12/31/--	Last day of IFSP
April	7/31/--	10/31/--	1/31/--	Last day of IFSP
May	8/31/--	11/30/--	2/28/--	Last day of IFSP
June	9/30/--	12/31/--	3/31/--	Last day of IFSP
July	10/31/--	1/31/--	4/30/--	Last day of IFSP
Aug.	11/30/--	2/28/--	5/31/--	Last day of IFSP
Sept.	12/31/--	3/31/--	6/30/--	Last day of IFSP
Oct.	1/31/--	4/30/--	7/31/--	Last day of IFSP
Nov.	2/28/--	5/31/--	8/31/--	Last day of IFSP
Dec.	3/31/--	6/30/--	9/30/--	Last day of IFSP

Initial IFSP meeting month:	3 month report due:	6 month report due:	9 month report due:	Annual report due:
Jan.	4/01/--	7/01/--	10/01/--	1/01/--
Feb.	5/01/--	8/01/--	11/01/--	2/01/--
Mar	6/01/--	9/01/--	12/01/--	3/01/--
April	7/01/--	10/01/--	1/01/--	4/01/--
May	8/01/--	11/01/--	2/01/--	5/01/--
June	9/01/--	12/01/--	3/01/--	6/01/--
July	10/01/--	1/01/--	4/01/--	7/01/--
Aug.	11/01/--	2/01/--	5/01/--	8/01/--
Sept.	12/01/--	3/01/--	6/01/--	9/01/--
Oct.	1/01/--	4/01/--	7/01/--	10/01/--
Nov.	2/01/--	5/01/--	8/01/--	1/01/--
Dec.	3/01/--	6/01/--	9/01/--	12/01/--